

FROM McANDREWS, HELD, & MALLOY

(THU) 10. 27' 05 17:38/ST. 17:38/NO. 4861050715 P 1



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TO: Examiner:	S.H. Azarian	FAX NO.: 571 273 8300
Group Art Unit: 2625		
FROM:	Michael T. Cruz	USER ID: 8084
CLIENT:	1772	MATTER: 14484US01

Number of Pages This Transmission (Including Cover Page): 9

I hereby certify that the attached correspondence is being sent via facsimile transmission to the United States Patent and Trademark Office on October 27, 2005.

A handwritten signature of Michael T. Cruz is written over a horizontal line. Below the signature, the name "Michael T. Cruz" is printed in a standard font, followed by "Reg. No. 44,636".

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FROM McANDREWS, HELD, & MALLOY

(THU) 10. 27' 05 17:38/ST. 17:38/NO. 4861050715 P 2

PTO/SB/21 (09-04)

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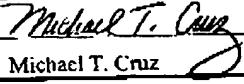
TRANSMITTAL FORM		Application Number	10/085,468
		Filing Date	February 28, 2002
		First Named Inventor	A.D. Danielson
		Art Unit	2625
		Examiner Name	S.H. Azarian
		Attorney Docket Number	14484US01
Total Number of Pages in This Submission	8		

OCT 27 2005

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination	
		Remarks	
		Request for Continued Examination is filed in Duplicate.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	Michael T. Cruz		
Date	October 27, 2005		

CERTIFICATE OF FAX TRANSMITTAL

I hereby certify that this correspondence is being sent via facsimile to the United States Patent and Trademark Office, fax No. 571 273 8300, on October 27, 2005.

Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature			
	Date October 27, 2005		

FROM McANDREWS, HELD, & MALLOY

(THU) 10/27/05 17:39/ST. 17:38/NO. 4861050715 P 3

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Effective on 12/08/2004.

Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

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OCT 27 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 790.00

Complete if Known

Application Number	10/085,468
Filing Date	February 28, 2002
First Named Inventor	A.D. Danielson
Examiner Name	S.H. Azarian
Art Unit	2625

Attorney Docket No. 14484US01

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify) _____ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee (\$)
-20 or HP	x	=			50	25

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee (\$)
-3 or HP	x	=			200	100

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination

790

SUBMITTED BY

Signature	<i>Michael T. Cruz</i>	Registration No. (Attorney/Agent)	44,636	Telephone	(312)775-8000
Name (print/type)	Michael T. Cruz			Date	October 27, 2005